


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership BLACKCOVE PARTNERS, LTD.		1a. DOCUMENT # A98000000488	
Mailing Address 4300 NORTH UNIVERSITY DRIVE, SUITE D-103 LAUDERHILL FL 33351		Principal Office Address 4300 NORTH UNIVERSITY DRIVE, SUITE D-103 LAUDERHILL FL 33351	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 02/24/1998		3a. Date of Last Report	
4. State or Country of Formation FL		5a. Capital Contributions as Shown on record \$99,000 \$400.00	
5b. Amount of Capital Contributions in FLORIDA to date		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent BERGER, JAMES L ESQUIRE 100 N.E. THIRD AVENUE, SUITE 400 FORT LAUDERDALE FL 33301		10. If changed, new Registered Agent/Office FF \$526.25 8.75	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BLACKPOOL ASSOCIATES, INC.	4300 NORTH UNIVERSITY	LAUDERHILL FL 33351	P95000008888
8000002777118-9 -02/16/98-01060-013 ****535.00 ****535.00 3/1			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE <u>Will</u> <u>W Murphy Pres</u> <u>BLACKPOOL ASSOC INC</u> DATE <u>12/29/98</u>			
Typed or Printed Name of General Partner Signing Form <u>WILLIAM M MURPHY Pres Blackpool Assoc</u> Daytime Telephone Number <u>954 746-2221</u>			

CR2E003 (8/98)